

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 867
Registrar's No. 91

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u> b. CITY OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1434 West Catalpa</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY OR TOWN <u>Springfield</u> d. STREET ADDRESS <u>1434 W. Catalpa</u>			
3. NAME OF DECEASED (Type or Print) <u>RICHARD</u>		a. (First) <u>CLAUD</u>		b. (Middle) <u>TRUEX</u>		c. (Last) _____	
4. DATE OF DEATH <u>Feb 5 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 25, 1880</u>		9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>		11. BIRTH PLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Riley Truex</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Louise Paul</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Truex</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Truex</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cecum</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>153X</u>							
19a. DATE OF OPERATION <u>4/18/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Cecum</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-10-1949</u> to <u>2/5-1951</u> , that I last saw the deceased alive on <u>2/5-1951</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward Marcus</u>		b. (Degree or title) <u>D. P. D.</u>		23b. ADDRESS <u>623 Woodrupp Bldg</u>		23c. DATE SIGNED <u>2/6/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>		24d. LOCATION (City, town, or county) <u>Springfield</u> (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-7-51</u>		REGISTRAR'S SIGNATURE <u>W. S. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cyrus Goodwin</u>		ADDRESS <u>Springfield Mo</u>	

(Licensed Embalmers' Statements on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Harry Lyne

Signed.....
Student Embalmer

Licensed Embalmer No. *4591*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.